

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-G		10-3-01
O.I.P.E. CLASSIFIER		12	12-14-01
FORMALITY REVIEW	m	905	12/19/01
RESPONSE FORMALITY REVIEW	KL	1019	05-15-02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	7/2/03
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
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22	✓
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25	✓
26	✓
27	✓
28	✓
29	N
30	N
31	N
32	N
33	N
34	N
35	N
36	N
37	N
38	N
39	✓
40	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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3C978 U.S. PTO

304-905

12-19-01

947  
 05/15/02